

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	702205	1-4-99
O.I.P.E. CLASSIFIER	RR	70229	1/7/99
FORMALITY REVIEW	RR	70229	1/19/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	1/1/01 3/11/02 4/12/02 12/17/02 3/18/03 9/19/03 5/25/04
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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41	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE